

**TRANSMITTAL AND NOTICE OF APPROVAL OF
STATE PLAN MATERIAL****FOR: HEALTH CARE FINANCING ADMINISTRATION**

1. TRANSMITTAL NUMBER:

0 2 — 0 1 6

2. STATE:

Minnesota

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL
SECURITY ACT (MEDICAID)TO: REGIONAL ADMINISTRATOR
HEALTH CARE FINANCING ADMINISTRATION
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE

April 1, 2002

5. TYPE OF PLAN MATERIAL (Check One):

☐ NEW STATE PLAN☐ AMENDMENT TO BE CONSIDERED AS NEW PLAN☒ AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)

6. FEDERAL STATUTE/REGULATION CITATION:

42 CFR 440.130 (d)

7. FEDERAL BUDGET IMPACT:

a. FFY⁰² \$ 25b. FFY⁰³ \$ 50

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

Att. 3.1-A, pp. 54-54m

Att. 3.1-B, pp. 53-53m

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION
OR ATTACHMENT (If Applicable):

Minnesota (02-016)

Att. 3.1-A, pp. 54-54m

Att. 3.1-B, pp. 53-53m

Approved: 09/20/02
Effective: 04/01/02

10. SUBJECT OF AMENDMENT:

Services: Rehabilitative Services

11. GOVERNOR'S REVIEW (Check One):

☒ GOVERNOR'S OFFICE REPORTED NO COMMENT☐ OTHER, AS SPECIFIED:☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

12. SIGNATURE OF STATE AGENCY OFFICIAL:

13. TYPED NAME:

Mary B. Kennedy

14. TITLE:

Medicaid Director

15. DATE SUBMITTED:

06/14/02

16. RETURN TO:

Stephanie Schwartz

Minnesota Department of Human Services

Federal Relations Unit

444 Lafayette Rd. No.

St. Paul, MN 55155-3852

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED:

6-25-02

18. DATE APPROVED:

9/20/02

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL:

April 1, 2002

20. SIGNATURE OF REGIONAL OFFICIAL:

C. Harris

21. TYPED NAME:

Cheryl A. Harris

22. TITLE:

Associate Regional Administrator
Division of Medicaid and Children's Health

23. REMARKS:

RECEIVED

JUN 25 2002

DMCH - MI/MN/WI

13.d. Rehabilitative services.

Rehabilitative services are limited to:

- (1) Except as otherwise noted, services provided under the recommendation of a physician. The therapeutic treatment must be a part of the recipient's plan of care; and
- (2) Services that are medically necessary and the least expensive, appropriate alternative.

Mental health rehabilitative services are the following:

- Coverage of **day treatment services for mental illness** is limited to:
 1. Services recommended by a psychiatrist, licensed psychologist, licensed independent clinical social worker, registered nurse with certification as a clinical nurse specialist in psychiatric and mental health nursing or a master's degree in nursing or one of the behavioral sciences or related fields, with at least 4,000 hours of post-master's supervised experience; licensed psychological practitioner; or licensed marriage and family therapist with at least two years of post-master's supervised experience.
 2. Services supervised by an enrolled psychiatrist or other mental health professional listed in item 6.d.A.
 3. Services provided in or by one of the following:
 - A. Joint Commission on the Accreditation of Healthcare Organizations approved outpatient hospital;
 - B. Community Mental Health Center;
 - C. County contracted day treatment provider.
 4. Services provided up to 15 hours per week.

13.d. Rehabilitative services. (continued)

- **Mental health community support services** are recommended by a mental health professional defined in item 6.d.A. after a diagnostic assessment and a functional assessment. They are provided pursuant to an individual treatment plan, written by a mental health professional or by a mental health practitioner defined on pages 54l-54m under the clinical supervision of a mental health professional.

The services are provided on a one-to-one basis or in a group in a recipient's home, a relative's home, school, place of employment, or other community setting.

The following are eligible to provide mental health community support services:

1. An entity certified by the Department and operated by a county.
2. An entity certified by its host county.

Provider Qualifications and Training

1. A mental health practitioner must receive ongoing continuing education training as required by the practitioner's professional license; or, if not licensed, a mental health practitioner must receive ongoing continuing education training of at least 30 hours every two years in areas of mental illness and mental health services.
2. A mental health rehabilitation worker must:
 - A. Be at least 21 years of age;
 - B. Have a high school diploma or equivalent;
 - C. Have successfully completed 30 hours of training during the past two years covering recipient rights, recipient-centered individual treatment planning, behavioral terminology, mental illness, co-occurring mental illness and substance abuse, psychotropic medications and side effects, functional assessment, local community resources, adult vulnerability, and recipient confidentiality; and

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13.d. Rehabilitative services. (continued)

D. Meet the qualifications in (1) or (2) below:

- (1) Have an associate of arts degree in one of the behavioral sciences or human services, be a registered nurse without a bachelor's degree, or within the previous ten years:
 - (a) Have three years of personal life experience with serious and persistent mental illness;
 - (b) Have three years of life experience as a primary caregiver to a person with a serious mental illness or traumatic brain injury; or
 - (c) Have 4,000 hours of supervised paid work experience in the delivery of mental health services to persons with serious mental illness or traumatic brain injury; or
- (2) (a) Be fluent in the language or competent in the culture of the ethnic group to which at least 50 percent of the mental health rehabilitation worker's clients belong;
- (b) Receive monthly individual clinical supervision by a mental health professional during the first 2,000 hours of work. Supervision must be documented;

13.d. Rehabilitative services. (continued)

- (c) Have 18 hours of documented field supervision by a mental health professional or mental health practitioner during the first 160 hours of contact work with recipients and at least six hours of field supervision quarterly during the following year;
 - (d) Have review and cosignature of charting of recipient contacts during field supervision by a mental health professional or mental health practitioner; and
 - (e) Have 40 hours of additional continuing education on mental health topics during the first year of employment.
- E. Receive ongoing continuing education training of at least 30 hours every two years in areas of mental illness and mental health services and other areas specific to the population being served.

Components of Mental Health Community Support Services

A mental health professional, a mental health practitioner under the clinical supervision of a mental health professional, and a mental health rehabilitation worker under the direction of a mental health professional or mental health practitioner and under the clinical supervision of a mental health professional must be capable of providing the following two components:

1. Basic living and social skills, which may include:
 - A. Communication skills.
 - B. Budgeting and shopping skills.
 - C. Healthy lifestyle skills.
 - D. Household management skills.

13.d. Rehabilitative services. (continued)

- E. Transportation skills.
- F. Medication monitoring.
- G. Crisis assistance skills, including relapse prevention skills and developing a health care document.

- 2. Consultation with relatives, guardians, friends, employers, treatment providers, and other significant people, in order to change situations and allow the recipient to function more independently. The consultation must be directed exclusively to the treatment of the recipient.

A physician, pharmacist and registered nurse must be capable of providing medication education. Medication education includes training the recipient in the symptoms of mental illness, discussing the benefits and side effects of psychotropic medication, and discussing the importance of medication compliance. Medical education enables the recipient to better manage the symptoms of mental illness, allowing the recipient to return to independent functioning with less chance of relapse.

The services below are not eligible for medical assistance payment as mental health community support services:

- 1. Recipient transportation services.
- 2. Services billed by a nonenrolled Medicaid provider.
- 3. Services provided by volunteers.
- 4. Direct billing of time spent "on call" when not providing services.
- 5. Job-specific skills services, such as on-the-job training.
- 6. Performance of household tasks, chores, or related activities for the recipient.
- 7. Provider service time paid as part of case management services.

13.d. Rehabilitative services. (continued)

8. Outreach services, which means services identifying potentially eligible people in the community, informing potentially eligible people of the availability of medically needy mental health mental health community support services, and assisting potentially eligible people with applying for these services.
9. Services provided by a hospital, board and lodge facility, or residential facility to patients or residents. This includes services provided by an institution for mental disease.

- **Mental health crisis response services** are services recommended by a physician, mental health professional defined in item 6.d.A., or mental health practitioner defined on pages 54l-54m. An entity operated by or under contract with the county in the county in which the crisis occurs is eligible to provide mental health crisis response services.

Mental health practitioners and mental health rehabilitation workers must complete at least 30 hours of training in crisis response services skills and knowledge every two years.

The components of mental health crisis response services are:

1. Crisis assessment. Crisis assessment is an immediate face-to-face appraisal by a physician, mental health professional, or mental health practitioner under the clinical supervision of a mental health professional, following a determination that suggests the recipient may be experiencing a mental health crisis.

The crisis assessment is an evaluation of any immediate needs for which emergency services are necessary and, as time permits, the recipient's life situation, sources of stress, mental health problems and symptoms, strengths, cultural considerations, support network, vulnerabilities, and current functioning.

13.d. Rehabilitative services. (continued)

2. Crisis intervention. Crisis intervention is a face-to-face, short-term intensive service provided during a mental health crisis to help a recipient cope with immediate stressors, identify and utilize available resources and strengths, and begin to return to the recipient's baseline level of functioning. Crisis intervention must be available 24 hours a day, seven days a week.

- A. Crisis intervention is provided after the crisis assessment.
- B. Crisis intervention includes developing a crisis treatment plan. The plan must include recommendations for any needed crisis stabilization services. It must be developed no later than 24 hours after the first face-to-face intervention. The plan must address the needs and problems noted in the crisis assessment and include measurable short-term goals, cultural considerations, and frequency and type of services to be provided. The plan must be updated as needed to reflect current goals and services.

The crisis intervention team must document which short-term goals were met, and when no further crisis intervention services are required.

- C. The crisis intervention team is comprised of at least two mental health professionals, or a combination of at least one mental health professional and one mental health practitioner with the required crisis training and under the clinical supervision of a mental health professional on the team. The team must have at least two members, with at least one member providing on-site crisis intervention services when needed.
- D. If possible, at least two members must confer in person or by telephone about the assessment, crisis treatment plan, and necessary actions taken.

13.d. Rehabilitative services. (continued)

E. If a recipient's crisis is stabilized, but the recipient needs a referral to other services, the team must provide referrals to these services.

3. Crisis stabilization. Crisis stabilization is an individualized mental health service designed to restore a recipient to the recipient's prior functional level.

A. Crisis stabilization cannot be provided without first providing crisis intervention.

B. Crisis stabilization is provided by a mental health professional, a mental health practitioner who is under the clinical supervision of a mental health professional, or a mental health rehabilitation worker who meets the qualifications on pages 54a-54c, who works under the direction of a mental health professional or a mental health practitioner, and works under the clinical supervision of a mental health professional.

C. Crisis stabilization may be provided in the recipient's home, another community setting, or a short-term supervised, licensed residential program that is not an IMD. If provided in a short-term supervised, licensed residential program, the program must have 24-hour-a-day residential staffing, and the staff must have 24-hour-a-day immediate access to a qualified mental health professional or qualified mental health practitioner.

D. A crisis stabilization treatment plan must be developed, and services must be delivered according to the plan. A plan must be completed within 24 hours of beginning services and developed by a mental health professional or a mental health practitioner under the clinical supervision of a mental health professional. At a minimum, the plan must contain:

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- (1) A list of problems identified in the assessment;
- (2) A list of the recipient's strengths and resources;
- (3) Concrete, measurable short-term goals and tasks to be achieved, including time frames for achievement;
- (4) Specific objectives directed toward the achievement of each one of the goals;
- (5) Documentation of the participants involved in the service planning. The recipient, if possible, must participate;
- (6) Planned frequency and type of services initiated;
- (7) The crisis response action plan if a crisis should occur; and
- (8) Clear progress notes on the outcome of goals.

4. Consultation with relatives, guardians, friends, employers, treatment providers, and other significant people, in order to change situations and allow the recipient to function more independently. The consultation must be directed exclusively to the treatment of the recipient.

The services below are not eligible for medical assistance payment as mental health crisis response services:

1. Recipient transportation services.
2. Services provided by a nonenrolled Medicaid provider.
3. Room and board.
4. Services provided to a recipient admitted to an inpatient hospital.